

NOV - 7 2002

TECH CENTER 1600/2(PTO/SB/21 (08-00)

Approved for use through 1073 froz OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL		Application Number	09/774,278								
		Filing Date	January 30, 2001								
FORM		First Named Inventor	Gregory M. LANZA, et al.	· · · · · · · · · · · · · · · · · · ·							
		Group Art Unit	1617								
(to be used for all corresp	oondence after initial filing)	Examiner Name	Shahnam J. Sharareh								
Total Number Of Pages In This Submission 17		Attorney Docket No.	532512000500								
ENCLOSURES (check all that apply)											
Fee Transmittal Form		signment Papers	After Allowance Commu Group	nication to							
Fee Attached Dra		awing(s)	Appeal Communication Appeals and Interference								
Amendment / Reply Lic		ensing-related Papers	Appeal Communication (Appeal Notice, Brief, Reply								
After Final Pet		tition	Proprietary Information								
Affidavits/dec		tition to Convert to a ovisional Application	Status Letter								
One Month Extension of Time Por		wer of Attorney, Revocation ange of Correspondence Ado	dress Other Enclosure(s) (please below):	se identify							
	Ter	minal Disclaimer	■ Postcard								
Express Abandonment Request Re		quest for Refund									
Information Disclosure Statement		, Number of CD(s)									
Certified Copy of Priority Document(s) Rema											
Response to Missing Parts/											
Incomplete Application Response to I	Missing Parts										
under 37 CFR	R 1.52 or 1.53(b)										
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT											
Firm Kave: Law for	Kate H. Murashige, Reg										
or 44,46/ 3811 Valley Centre Drive, Suite 500											
	San Diego, CA 92130										
Morrison & Foerster LLP											
Signature	Din.										
Date	October 28, 2002										
CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"											

Ruth Saskowski Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 2023, on October 28, 2002.

October 28, 2002

Approved for use through 10/31/2002. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Group Art Unit

TRANSMITTAL **FOR FY 2002**

D9/774,278

January 30, 2001

Gregory M. LANZA, et al. NOV

Shahnam J. Sharareh TECH CENTER 1600, 2300 Complete if Known Application Number Filing Date First Named Inventor **Examiner Name**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 55.00 Attorney Docket No.

METHOD OF PAYMENT			FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		d	3. ADD	ITIONAL F	EES					
Deposit Account Number	 		Large Fee Code	Entity Fee (\$)	Smal Fee Code	Fee	Fee [Description		Fee Paid
Deposit Account Morris Name	on & Foerster LLP	ŀ	105	130	205	65	Surch	arge - late filing fe	ee or oath	
_			127	50	227	25	Surcharge - late provisional filing			
							fee or cover sheet			
Applicant claims small entity status. See 37 CFR 1.27			139	130	139	130	Non-English specification For filing a request for ex parte			
2. Payment Enclosed:			147	2,520	147	2,520		ng a request for e nination	ех рапе	
☐ Check ☐ Credit Card ☐ Money Order ☐ Other			112	920	112	920	Requesting publication of SIR prior to Examiner action			1
FEE CALCULATION			113	1,840	113	1,840	Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE			115	110	215	55		sion for reply withi		55.00
			116	400	216	200	month	sion for reply withi	in second	
Large Entity Smal Fee Fee Fee Code (\$) Code	Fee Fee Description		117	920	217	460	Extens month	sion for reply withi	in third	
	Paid	Ì	118	1,390	218	695	Extens	sion for reply withi	in fourth	
101 710 201	355 Utility filing fee	1	128	1,890	228	945		sion for reply withi	in fifth month	
106 320 206	160 Design filing fee		119	310	219	155		of Appeal		
107 490 207	245 Plant filing fee		120	310	220	155		a brief in support		
108 710 208	355 Reissue filing fee		121	270	221	135	-	st for oral hearing		
114 150 214	75 Provisional filing fee		138	1,510	138	1,510	procee	n to institute a pul edino	DIIC USE	i i
		'	140	110	240	55	-	n to revive - unav	oidable	
	SUBTOTAL (1) (\$)0.00		141	1,280	241	620	Petitio	n to revive - unint	entional	
2. EXTRA CLAIM FEES			142	1,240	242	620	Utility	issue fee (or reiss	sue)	
	Extra Fee from Fee Paid Claims below Fee Paid	- 1	143	440	243	220	Design	n issue fee	l.	
Total Claims - 20 =	· x 0 = \$		144	600	244	300	Plant i	ssue fee		
Independent Claims -3 =	0 x 0 = \$		122	130	122	130	Petitio	ns of the Commis	sioner	
Multiple Dependent	= \$		123	50	123	50	Petitio applica	ns related to prov ations	isional	
	0		126	180	126	180		ssion of Informationsure Stmt	on	
Large Entity Smal Fee Fee Fee Code (\$) Code	Entity Fee Fee Description (\$)		581	40	581	40		ding each patent a operties (times nu ties)		
103 18 203	9 Claims in excess of 20		146	710	246	355	rejection	a submission after on R § 1.129(a))	r final	
. 102 80 202	40 Independent claims in excess of	İ	149	710	249	355		ch additional inve ned (37 CFR § 1.1		
104 270 204	135 Multiple dependent claims, if not	iid	179	710	279	355	Reque (RCE)	st for Continued E	Examination	
109 80 209	40 Reissue independent claims over original patent		169	900	169	900		st for expedited e sign application	xamination	
110 18 210	9 Reissue claims in excess of 20 an over original patent		Othor for	(coosif-)				•	г	
SUBTOTAL (2) (\$)0.00			Other fee (specify)							
** or number previously paid, if greater; For reissues, see above.			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00					5.00		
SUBMITTED BY Kawai Lau (44,461)					Complete (if ap	plicable)	
Name (Print/Type) 6	Kate H. Murashige			stration No. mey/Agent)		29,959		Telephone	(858) 720-	5112

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature